

10. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) *If more than one offense, list (up to five) major offenses charged, according to severity of offense.*

11. ATTORNEY'S NAME (<i>First Name, M.I., Last Name, including any suffix</i>), AND MAILING ADDRESS 	12. COURT ORDER: <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <input type="checkbox"/> O Appointing Counsel <input type="checkbox"/> F Subs For Federal Defender <input type="checkbox"/> P Subs For Panel </div> <div style="width: 48%;"> <input type="checkbox"/> C Co-Counsel <input type="checkbox"/> R Subs For Retained Attorney <input type="checkbox"/> Y Standby Counsel </div> </div> <p>Prior Attorney's Name: _____ Appointment Date: _____</p> <p>(A) Because the above-named person represented has testified under oath or has otherwise satisfied this Court that he or she (1) is financially unable to employ counsel and (2) does not wish to waive counsel, and because the interests of justice so require, the attorney whose name appears in Item 11, who has been determined to possess the specific qualifications by law, is appointed to represent the person in this case.</p> <p>(B) The attorney named in Item 11 is appointed to serve as: <input type="checkbox"/> LEAD COUNSEL <input type="checkbox"/> CO-COUNSEL</p> <p>Name of Co-Counsel _____</p>
---	--

13. NAME AND MAILING ADDRESS OF LAW FIRM <i>(Only provide per instructions)</i>	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border-bottom: 1px solid black; padding-bottom: 5px;"> Name of Counsel or Lead Counsel: </td> <td style="width: 50%; border-bottom: 1px solid black; padding-bottom: 5px;"> Appointment Date: </td> </tr> <tr> <td colspan="2" style="padding: 5px;"> (C) If you represented the defendant or petitioner in any prior proceeding related to this matter, attach to your initial claim a listing of those proceedings and describe your role in each (e.g., lead in counsel or co-counsel). </td> </tr> <tr> <td colspan="2" style="padding: 5px;"> <input type="checkbox"/> (D) Due to the expected length of this case, and the anticipated hardship on counsel in undertaking representation full-time, for such a period without compensation, interim payments of compensation and expenses are approved pursuant to the attached order. </td> </tr> <tr> <td colspan="2" style="text-align: center; padding: 10px;"> <div style="border-top: 1px solid black; margin: 0 auto; width: 80%;"></div> Signature of Presiding Judicial Officer or By Order of the Court </td> </tr> <tr> <td style="text-align: center; padding: 5px;"> <div style="border-top: 1px solid black; margin: 0 auto; width: 40%;"></div> Date of Order </td> <td style="text-align: center; padding: 5px;"> <div style="border-top: 1px solid black; margin: 0 auto; width: 40%;"></div> Nunc Pro Tunc Date </td> </tr> <tr> <td colspan="2" style="padding: 5px;"> (E) Repayment or partial repayment ordered from the person represented for this service at time of appointment. </td> </tr> <tr> <td colspan="2" style="text-align: center; padding: 5px;"> <input type="checkbox"/> YES <input type="checkbox"/> NO </td> </tr> </table>	Name of Counsel or Lead Counsel:	Appointment Date:	(C) If you represented the defendant or petitioner in any prior proceeding related to this matter, attach to your initial claim a listing of those proceedings and describe your role in each (e.g., lead in counsel or co-counsel).		<input type="checkbox"/> (D) Due to the expected length of this case, and the anticipated hardship on counsel in undertaking representation full-time, for such a period without compensation, interim payments of compensation and expenses are approved pursuant to the attached order.		<div style="border-top: 1px solid black; margin: 0 auto; width: 80%;"></div> Signature of Presiding Judicial Officer or By Order of the Court		<div style="border-top: 1px solid black; margin: 0 auto; width: 40%;"></div> Date of Order	<div style="border-top: 1px solid black; margin: 0 auto; width: 40%;"></div> Nunc Pro Tunc Date	(E) Repayment or partial repayment ordered from the person represented for this service at time of appointment.		<input type="checkbox"/> YES <input type="checkbox"/> NO	
Name of Counsel or Lead Counsel:	Appointment Date:														
(C) If you represented the defendant or petitioner in any prior proceeding related to this matter, attach to your initial claim a listing of those proceedings and describe your role in each (e.g., lead in counsel or co-counsel).															
<input type="checkbox"/> (D) Due to the expected length of this case, and the anticipated hardship on counsel in undertaking representation full-time, for such a period without compensation, interim payments of compensation and expenses are approved pursuant to the attached order.															
<div style="border-top: 1px solid black; margin: 0 auto; width: 80%;"></div> Signature of Presiding Judicial Officer or By Order of the Court															
<div style="border-top: 1px solid black; margin: 0 auto; width: 40%;"></div> Date of Order	<div style="border-top: 1px solid black; margin: 0 auto; width: 40%;"></div> Nunc Pro Tunc Date														
(E) Repayment or partial repayment ordered from the person represented for this service at time of appointment.															
<input type="checkbox"/> YES <input type="checkbox"/> NO															

14. STAGE OF PROCEEDING Check the box which corresponds to the stage of the proceeding during which the work claimed at Item 15 was performed even if the work is intended to be used in connection with a later stage of the proceeding. CHECK NO MORE THAN ONE BOX. Submit a separate voucher for each stage of the proceeding.

CAPITAL PROSECUTION		HABEAS CORPUS		OTHER PROCEEDING	
a. <input type="checkbox"/> Pre-Trial	e. <input type="checkbox"/> Appeal	g. <input type="checkbox"/> Habeas Petition	k. <input type="checkbox"/> Petition for the	l. <input type="checkbox"/> Stay of Execution	o. <input type="checkbox"/> Other
b. <input type="checkbox"/> Trial	f. <input type="checkbox"/> Petition for the	h. <input type="checkbox"/> Evidentiary Hearing	U.S. Supreme	m. <input type="checkbox"/> Appeal of Denial of Stay	
c. <input type="checkbox"/> Sentencing	U.S. Supreme Court	i. <input type="checkbox"/> Dispositive Motions	Writ of Certiorari	n. <input type="checkbox"/> Petition for Writ of Certiorari to the U.S.	
d. <input type="checkbox"/> Other Post Trial	Writ of Certiorari	j. <input type="checkbox"/> Appeal		Supreme Court Regarding Denial of Stay	

FOR COURT USE ONLY

15. CATEGORIES (<i>Attach itemization of services with dates</i>)	HOURS CLAIMED	TOTAL AMOUNT CLAIMED	MATH/TECH. ADJUSTED HOURS	MATH/TECH. ADJUSTED AMOUNT	ADDITIONAL REVIEW
a. In-Court Hearings (RATE PER HOUR = \$)				IN COURT TOTAL	IN COURT TOTAL
b. Interviews and Conferences with Client			Category a	Category a	
c. Witness Interviews					
d. Consultation with Investigators & Experts					
e. Obtaining & Reviewing the Court Record					
f. Obtaining & Reviewing Documents and Evidence					
g. Consulting with Expert Counsel			OUT OF COURT TOTAL	OUT OF COURT TOTAL	
h. Legal Research and Writing			Categories b-j	Categories b-j	
i. Travel					
j. Other (<i>Specify on additional sheets</i>)					
TOTALS: Categories b thru j (RATE PER HOUR =)					

16. Travel Expenses (<i>lodging, parking, meals, mileage, etc.</i>)					
17. Other Expenses (<i>other than expert, transcripts, etc.</i>)					

18. CERTIFICATION OF ATTORNEY/PAYEE FOR THE PERIOD OF SERVICE <div style="text-align: center;"> <u> </u> TO: <u> </u> </div>	19. APPOINTMENT TERMINATION DATE IF OTHER THAN CASE COMPLETION	20. CASE DISPOSITION
--	---	----------------------

21. CLAIM STATUS ☐ Final Payment ☐ Interim Payment Number _____ ☐ Supplemental Payment

Have you previously applied to the court for compensation and/or reimbursement for this ☐ YES ☐ NO If yes, were you paid? ☐ YES ☐ NO

Other than from the Court, have you, or to your knowledge has anyone else, received payment (*compensation or anything of value*) from any other source in connection with this representation? ☐ YES ☐ NO If yes, give details on additional sheets.

I swear or affirm the truth or correctness of the above statements.

Signature of Attorney _____ Date _____

22. IN COURT COMP.	23. OUT OF COURT COMP.	24. TRAVEL EXPENSES	25. OTHER EXPENSES	26. TOTAL AMT. APPROVED
27. SIGNATURE OF THE PRESIDING JUDICIAL OFFICER			DATE	27a. JUDGE CODE